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## Attention: Medicaid Physicians, Pharmacies, FQHC, RHC, and Nursing Homes

Effective November 22, 2004, coverage of up to ten brand name prescriptions per month may be allowed through overrides for drugs classified by American Hospital Formulary Services (AHFS) as **Antineoplastic Agents, Antiarrhythmic Agents, Cardiotonic Agents, Nitrates and Nitrites, Alpha Adrenergic Blocking Agents, Beta Adrenergic Blocking Agents, Dihydropyridines, Miscellaneous Calcium Channel Blocking Agents, Diuretics, Potassium Sparing Diuretics, Angiotensin-Converting Enzyme Inhibitors, Angiotensin II Receptor Antagonists, Mineralocorticoid (Aldosterone) Receptor Antagonists, Central Alpha Agonists, Direct Vasodilators, Peripheral Adrenergic Inhibitors, Miscellaneous Hypotensive Agents, Hemostatics, Calcium Replacements, Electrolyte Depleters, Immunosuppressives, Alpha Glucosidase Inhibitors, Biguanides, Insulins, Meglitinides, Sulfonylureas, and Thiazolidinediones.**

Overrides will be granted only in cases in which the prescribing physician documents medical necessity for the recipient to be switched from a product in one of the above named classes to a brand name product within the same therapeutic class in the same calendar month. The first product must have been covered by Medicaid.

Example: The patient received a brand name drug in the above classes as one of their 4 brands allowed and the physician changed their medication in the middle of the month due to clinical reasons (it wasn't working for them, allergic response, dosage change required). This new prescription exceeds the 4 brand limit but the physician can request an override of limit from Medicaid and we can pay the claim up to a hard limit of 10 brand name prescriptions per month. This will allow for a "switch-over" when the physician documents acceptable reasons for change in medications and the drugs are in the same drug class.

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